KAS-189

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED.
CENTRAL FAX CENTER

In re Patent No.: 7,027,935

MAY 1 9 2006

Issue Date: April 11, 2006

Inventor: A. SHIMASE et al

Serial No. 10/634,775

Filed: August 6, 2003

For: SAMPLE DISPENSING APPARATUS AND AUTOMATIC ANALYZER USING THE SAME

## PETITION FOR SUSPENSION OF RULES (37 CFR \$1.183) TO CORRECT ASSIGNEE AFTER ISSUANCE OF PATENT (37 CFR \$3.81(b))

M8: PETITION

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

May 19, 2006

Sir:

The Patentees' Assignee respectfully petitions under 37 CFR \$1.183 that the Assignee field on the printed patent be corrected in accordance with a Certificate of Correction (Form PTO/SB/44) filed with this petition. The Certificate of Correction seeks to correct an inadvertent typographical error entered on the Issue Fee Transmittal Form (PTOL-85B) submitted with the issue fee.

Specifically, the Patentees' Assignee:

Adjustment date: 09/12/2006 CKHLOK 05/22/2006 TL0111 00000001 10634775 02/FC:1464 -130.00 OP

85/22/2886 TL0111 88888881 18634775

B1 FC:1811 82 FC:1464 189.89 OP 138.89 OP

0030034428

Eredit Card Refund Total:

\$130.00

Am Exp. : XXXXXXXXXXXXXX1009
PAGE 36 \* RCVD AT 5/19/2006 12:08:43 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/3 \* DNIS:2738300 \* CSID:703 684 1157 \* DURATION (mm-ss):01-54

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 09/09/06 2 Serial/Patent # 10634775						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
X	Petition			05/19/06	\$ 130.00	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
			7 TOTAL AMOUNT \$ 130.00			
		8 TO BE REFUNDED BY: credit card				
10 REASON:			2	Treasury Check		
	Overpayment		(	Credit Dep	osit A/C #:	
	Duplicate Payment		۰			
Х	No Fee Due (Explanation):	<u> </u>				
no petition required to make change.						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Shirene Willis Brantley TITLE: Petitions Attorney						
SIGNATURE: Shurae Mullus Braitley PHONE: 571 272-3230						
OFFICE: Office of Petitions						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: Kala DATE: 9//2/06						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B